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CONFIRMATION NO. 3470

<b>SERIAL NUMBER</b> 09/047,652	<b>FILING OR 371(c) DATE</b> 03/25/1998 <b>RULE</b>	<b>CLASS</b> 424 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 009/064/SAP	
<b>APPLICANTS</b> VASSILIOS PAPADOPOULOS, NORTH POTOMAC, MD; MARTINE CULTY, NORTH POTOMAC, MD; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/09/1998</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 36 13	<b>INDEPENDENT CLAIMS</b> 14 4
<b>ADDRESS</b> 21186					
<b>TITLE</b> PERIPHERAL-TYPE BENZODIAZEPINE RECEPTOR: A TOOL FOR DETECTION, DIAGNOSIS, PROGNOSIS, AND TREATMENT OF CANCER					
<b>FILING FEE RECEIVED</b> 1199	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		